

Abstract 381

TITLE: Attrition from a Brief Motivational Intervention to Reduce Unsafe Sex Behavior Among MSM

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BACKGROUND: Participant dropout from HIV prevention trials could limit generalizability of study results. Interventions may appear to be more or less successful than they are due to bias introduced by differential attrition. Participant demographic and risk behavior characteristics, as well as their readiness to make safer sex behavior changes, may be important factors.

METHODS: A brief telephone pilot intervention employing motivational interviewing to facilitate a commitment to and adoption of safer sex behaviors was offered to men who have sex with men (MSM). The brief format, use of the telephone and an anonymous enrollment option represent an effort to reduce logistical barriers and stigma of participation associated with longer term counseling and education. The intervention consisted of a 2030 minute screening call to assess eligibility and interest, an initial assessment (IA-approx. 1.5hrs) and a personalized feedback report session (PFR) with a counselor 1 week later (approx. 1.5 hrs). We report on characteristics of interested and eligible participants who 1) dropped out prior to their IA vs. those who completed the IA, and 2) among those who completed an IA and were randomly assigned to receive their PFR one week later, those who dropped out prior to the PFR vs. those who completed the PFR session.

RESULTS: We compared participants vs. non-participants in their demographic characteristics, baseline sexual risk profile, use of the anonymous enrollment option, and stage/readiness for adopting safer sex practices (SOC). Among 136 interested and eligible men screened, 66% (n=113) completed the IA. Non-participants (n=25) were younger (pc.01) and less educated (pc. 02). There were no statistically significant differences by race (% White), those with a primary partner, or choosing anonymous enrollment. MSM were also similar with regard to SOC (On precontemplators or contemplators vs. preparation, action or maintenance), serostatus, and the frequency of unprotected anal or oral sex occasions reported. Random assignment occurred following the completion of the IA and 59 MSM were assigned to receive their PFR one week later. Ninety four percent (n=52) attended the PFR session. Again, non-participants (n=7) were 5 younger (pc. 05) and less educated (pc.05). No other statistically significant differences were found.

CONCLUSIONS: We did not experience differential attrition of MSM across key areas such as readiness for behavior change, high risk sex behavior and serostatus in this pilot study, although younger, less educated MSM were more likely to dropout. Strategies designed to accommodate and retain this subpopulation of MSM need further consideration.

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